

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Michael Ted EvansAddress 11417 MT. Harmony Rd. Preston, MS County KemperTelephone 601-416-7495 Fax _____Office Sought House Rep. Dist 45 Email Address _____
☐ Check here if above is different from previous report

X January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ Termination Report (Candidate will no longer accept contributions, make expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>1750.00</u> + \$ <u>0</u>	\$ <u>1750.00</u>	\$ <u>1750.00</u>
Total amount of disbursements	\$ <u>950.00</u> + \$ <u>2380.00</u>	\$ <u>3330.00</u>	\$ <u>3330.00</u>
Total amount of cash on hand		\$ <u>2099.40</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

ME
Signature of Candidate

1-31-17
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Michael Ted Evans
 Reporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Mississippi Political Action Committee</u>	<u>10</u> / <u>5</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>175 E. Capitol St. Suite 700</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>AT&T</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>AT&T</u>	Aggregate year-to-date	\$ <u> </u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast Corporation PAC</u>	<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>1701 JFK Blvd 49 Floor</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia, PA 19103</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Comcast</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Comcast</u>	Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Electric Power Assn. PAC</u>	<u>11</u> / <u>16</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3200</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Electric Power</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Electric Power</u>	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power State PAC</u>	<u>8</u> / <u>11</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>2992 West Beach Blvd</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Gulfport, MS 39502</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Michael Ted EvansReporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Entergy Corporation PAC</u>	<u>11</u> / <u>20</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>425 West Capital Avenue</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Little Rock, AR 72201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Michael Ted Evans
 Reporting period 1-1-16 through 12-31-16

ITEMIZED DISBURSEMENTS

A. Full name <u>WLSM Radio</u>	Date (Mo., Day, Year) <u>11 / 30 / 16</u>	Amount of each disbursement this period \$ <u>260.00</u>
Mailing Address <u>2142 Hwy 14 East</u>	<u>11 / 30 / 16</u>	\$ <u>260.00</u>
City, State, Zip Code <u>Louisville, MS 39339</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>Mississippi Association Conservation Districts</u>	Date (Mo., Day, Year) <u>12 / 22 / 16</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>223 Deer Run Trail, NE</u>	<u>12 / 22 / 16</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Brookhaven, MS 39601</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name <u>Kemper Springs Community center</u>	Date (Mo., Day, Year) <u>9 / 28 / 16</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address <u>11000, Kemper Springs Rd.</u>	<u>9 / 28 / 16</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Brookhaven Porter ville, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name <u>Neshoba Central Softball</u>	Date (Mo., Day, Year) <u>8 / 9 / 16</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>1125 Golf Course Rd.</u>	<u>8 / 9 / 16</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Philadelphia, MS 39350</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$